

BMT: COMPLETED APPLICATION, TAX
TEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Permit #:	14-0039
Date:	4-28-14
Amount Paid:	\$8040.45/14
Refund:	\$10 4-21-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

APR 15 2014

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Mary H Rice	Mailing Address: P.O. Box 729 Bayfield WI 54804	Telephone: 715-779 3392
Address of Property: 85930 Hwy J	City/State/Zip: Bayfield WI 54804	Cell Phone:
Contractor: Campbell Const (Brad)	Contractor Phone: 715-209 1012	Plumber: N/A
Authorized Agent: (Person Signing Application on behalf of Owner's)	Agent Phone:	Plumber Phone: N/A
	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION SW 1/4, NW 1/4	Legal Description: (Use Tax Statement) 04-006-2-5D-64-15-2 03-000-03000	Recorded Document: (i.e. Property Ownership) Volume 609 Page(s) 234
Gov't Lot 1	CSM 200.370	Subdivision:
Vol & Page V.3 P.8	Lot(s) No.	Block(s) No.
Section 15 , Township 50 N, Range 4 W	Town of: Bayfield	Lot Size 0.940

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material \$ 80,000.00	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Storage	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> No Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Portable (w/service contract)	
					<input checked="" type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 64	Width: 40	Height: 16
Proposed Construction:	Length: 60	Width: 40	Height: 16

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)	Rebuild damaged building	(60 x 40)	2,400
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	building	()	
<input type="checkbox"/> with Loft	()	()	
<input checked="" type="checkbox"/> Residential Use	with a Porch	()	
<input type="checkbox"/> with (2 nd) Porch	()	()	
<input type="checkbox"/> with a Deck	()	()	
<input type="checkbox"/> with (2 nd) Deck	()	()	
<input type="checkbox"/> Commercial Use	with Attached Garage	()	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()	
<input type="checkbox"/> Mobile Home (manufactured date)	()	()	
<input type="checkbox"/> Addition/Alteration (specify)	()	()	
<input checked="" type="checkbox"/> Accessory Building (specify)	Rebuilding damaged building	()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	()	
Rec'd for Issuance			
APR 23 2014			
Secretarial Staff			

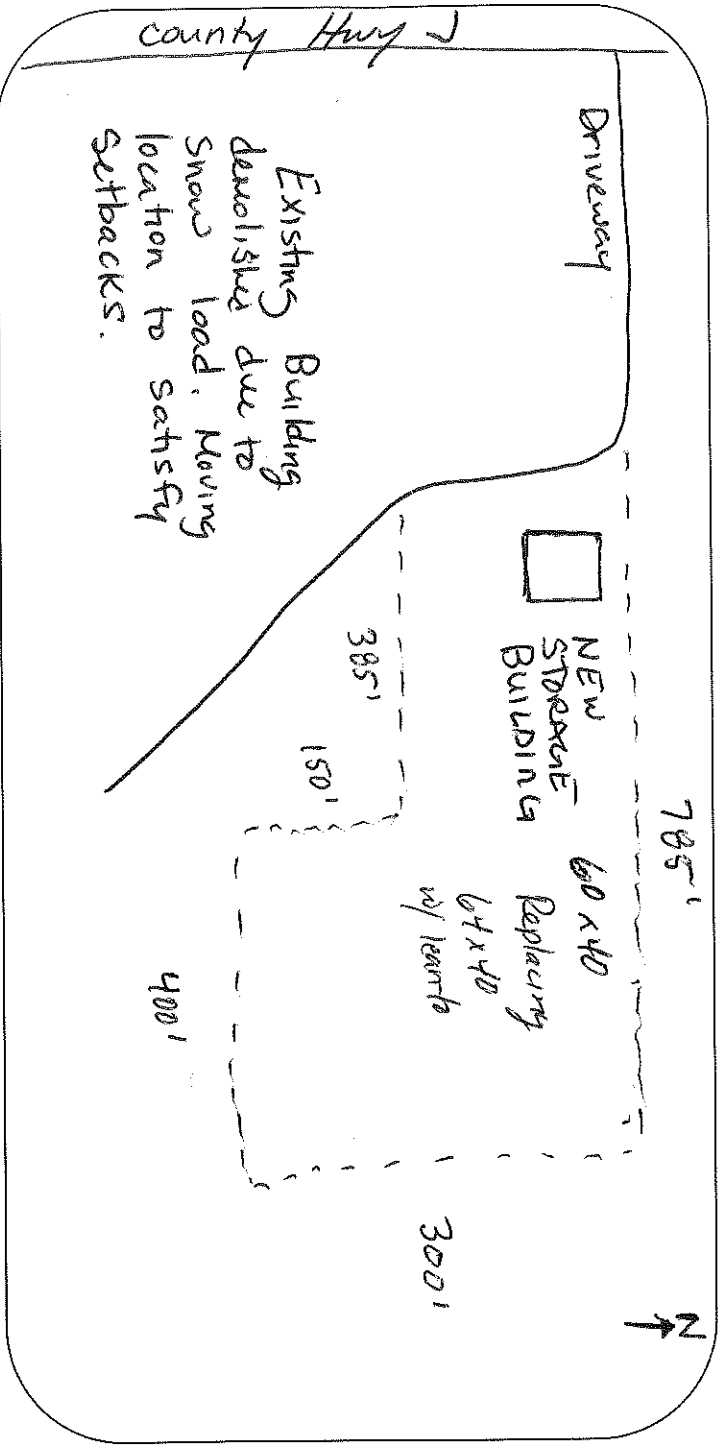
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Mary H Rice** Date **4-10-14**
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit **1418 9th St. W Ashland WI 54806** Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Check box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	580 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	5' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	85 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	60 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	685 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: N/A	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0039	Permit Date: 4-23-14			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CSM 000270	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NOT STAKED BY ANY AGENT	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: EXISTING BUILDING DESTROYED BY HEAVY SNOW LOAD NEW BUILDING TO MAKE LOCATION OF BLDG. CONFORM WITH EXISTING BLDG OVER PROPERTY LINE.	Zoning District COMMERCIAL			
Date of Inspection: 4-21-14	Inspected by: J. CROWBROOK MW PE THH	Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)				
DO HUMAN HABITATION OR INSIDE PROVIDING ATTACHED w/o REQUIRED PERMITS BUILDING MUST BE LOCATED AT LEAST 5 FT FROM NORTH PROPERTY LINE AND 40 FT FROM THE CENTER LINE OF ALL EASEMENT ROUNDS INCLUDING THOSE EASEMENT ROUNDS TO THE SOUTH + WEST				
Signature of Inspector:	Date of Approval: 4-22-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

MUNICIPALITY ERICKSON ON SITE FOR INSPECTION
to Represent Location of BUILDING

**Bayfield County
Planning and Zoning Department
PO Box 58
Washburn, WI 54891
(715) 373-6138**

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED—▶	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY
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☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER _____

TYPE OF PERMIT REQUESTED →						<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:									Telephone:				
Roger AND SHARON SCHAUER													
Address of Property:						Mailing Address:			City/State/Zip:		Cell Phone:		
33593 STAR ROUTE ROAD						33593 STAR ROUTE RD			BAYFIELD, WI 54814		414-303-0197		
Contractor:						Contractor Phone:			Plumber:		Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))						Agent Phone:			Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)				PIN: (23 digits) 04-006-2-50-04-16-4 03-000-40000		Recorded Document: (I.e. Property Ownership) Volume 1062 Page(s) 194					
SW 1/4, SE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.	
Section 16, Township 50 N, Range 04 W						Town of:		BAYFIELD		Lot Size		Acreage	
												7.270	

<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO
		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 350,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1 Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>flexible tank</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Prt) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation				<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____				<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 4'6"	Width: 36'-6"	Height: 30'-0"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use <input checked="" type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) 2 Floors @ 1,545 EACH	(46'-6" X 36'-6")	3,090
		with Loft	(X)	
		with a Porch	(6'-0" X 14'-6")	87
		with (2 nd) Porch	(4'-6" X 14'-6")	65.2
		with a Deck	(8'-0" X 15'-0")	120
		with (2 nd) Deck	(6'-0" X 12'-0")	72
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
Rec'd for Issuance				
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	
Secretarial Staff				

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): 19. [Signature]
(if there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 3/28/2014

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit

Copy of Tax Statement
if you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED SITE PLAN

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	~ 163' - 10" Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	~ 147' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	~ 134' - 10" Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	~ 700' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	~ 250' Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	~ 100' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	28' Feet	Setback to Well	13' - 6" Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

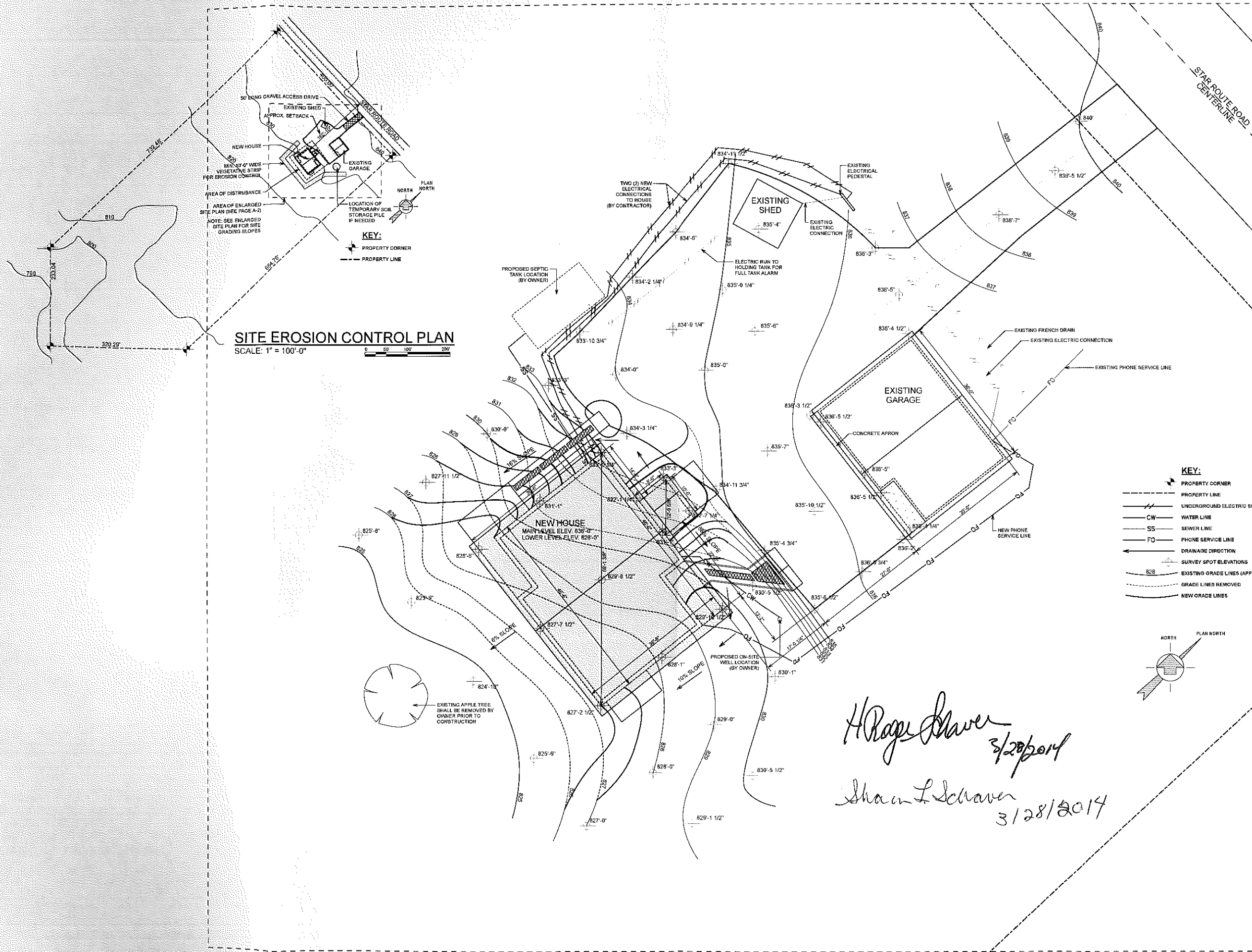
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 13-785	# of bedrooms: 3	Sanitary Date: 8-7-2013		
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-00410	Permit Date: 4-05-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: site well staked - PROFESSIONAL SITE PLAN						
Date of Inspection: 4-09-14	Inspected by: J. CREONIZAKIS, MURPHY					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
ALL NECESSARY STAMP DISCHARGE TO TOWN TABLE.						
UNIFORM DWELLING CODE PERMIT + INSPECTIONS REQUIRED						
Signature of Inspector:						Date of Approval:
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

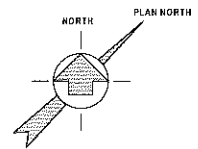


SITE EROSION CONTROL PLAN
SCALE: 1" = 100'-0"

SITE PLAN
SCALE: 1" = 10'

H. Rapp Schaver
3/28/2014
Shawn L. Schaver
3/28/2014

- KEY:**
- PROPERTY CORNER
 - PROPERTY LINE
 - UNDERGROUND ELECTRIC SERVICE LINE
 - WATER LINE
 - SEWER LINE
 - PHONE SERVICE LINE
 - PHONE SERVICE LINE
 - DRAINAGE DIRECTION
 - SURVEY SPOT ELEVATIONS
 - EXISTING GRADE LINES (APPROXIMATE)
 - GRADE LINES REMOVED
 - NEW GRADE LINES



PROPOSED NEW HOME FOR:

THE SCHAVER RESIDENCE

33583 STAR ROUTE ROAD, BAYFIELD, WI 54814

SITE PLAN

C&S Design & Engineering, Inc.

803 Lake Shore Drive West
Ashland, Wisconsin 54806
Telephone (715) 682-0330
Fax (715) 682-4308
E-Mail: cdesign@ncis.net
www.cdesignengineering.com

APPROVED

DESIGNED: S.G.S.

DRAWN: A.D.E.

SCALE: AS NOTED

DATE: FEBRUARY 2014

PROJECT NO: 12-2491

SHEET NO: A-2

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